

**MEDICAL SERVICES BUREAU
INTAKE UNIT**

**DEPARTMENT OF SOCIAL SERVICES
P.O. BOX 18100
HAUPPAUGE, NY 11788-8900**

Tel # (631) 854-9584
(631) 854-9585

PHYSICIAN RECOMMENDATION - PERSONAL CARE SERVICES

Name of Patient		Date of Birth	Sex	Social Security #
				Medicare A#
Patient's Home Address		Tel No.		Medicare B#
				Medicaid No.
Plan Relates to Condition for Which Patient Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Transfer From:		Other Insurance Policy #
		Address		
Hosp/RCHF Adm. Date	Hosp/RHCF Disch. Date	Case No.		
Contact Person of Referring Agency - Name & Title				Tel No.

Diagnosis (es) - Include Surgery and Dates

Physician's Orders - Medication, Diet, Treatments, Activities, Instructions

Has client had a seizure in the past six months? () Yes () No	
Is client harmful to self or others? () Yes () No	
Date of Examination:	
Prognosis:	Therapeutic Goal
Is Home Care Appropriate? () Yes () No	
Is the Patient Essentially Homebound? () Yes () No	
Professional Assessment and Recommendations:	
M.D. Signature	Date